

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

PRIMERICA LIFE INSURANCE COMPANY

Plaintiff,

DOLORES FORD COLEMAN,

Defendant, et al.

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* Case No. 19-cv-5546

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* Judge: Nitza Quinones Alejandro

**DEFENDANT, DOLORES FORD COLEMAN'S ANSWER,
AFFIRMATIVE DEFENSES AND CROSS-CLAIMS TO
INTERPLEADER COMPLAINT**

1. Ms. Coleman admits the allegation in paragraph 1.
2. Ms. Coleman admits the allegation in part and denies in part. The allegations are admitted except for the name "Dolores Ford Coleman" who was formerly known as "Dolores Ford Coleman" but who is presently known as Dolores R. Ford.
3. Ms. Coleman admits the allegation in paragraph 3.
4. Ms. Coleman admits the allegation in paragraph 4.
5. Ms. Coleman admits the allegation in paragraph 5.
6. Ms. Coleman admits the allegation in paragraph 6.
7. Ms. Coleman admits the allegation in paragraph 7.
8. Ms. Coleman admits the allegation in paragraph 8.
9. Ms. Coleman admits the allegation in paragraph 9.
10. Ms. Coleman admits the allegation in paragraph 10.
11. Ms. Coleman admits the allegation in paragraph 11.

JURISDICTION

12. Ms. Coleman admits the allegation in paragraph 12.

13. Ms. Coleman admits the allegation in paragraph 13.

14. Ms. Coleman admits the allegation in paragraph 14.

VENUE

15. Ms. Coleman admits the allegation in paragraph 15.

BACKGROUND

16. Ms. Coleman admits the allegation in paragraph 16.

17. Ms. Coleman admits the allegation in paragraph 17.

18. Ms. Coleman admits the allegation in paragraph 18.

19. Ms. Coleman denies the allegations in paragraph 19. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

20. Ms. Coleman denies the allegations in paragraph 20. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

21. Ms. Coleman denies the allegations in paragraph 21. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

22. Ms. Coleman denies the allegations in paragraph 22. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

23. Ms. Coleman denies the allegations in paragraph 23. Further, after reasonable

investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

24. Ms. Coleman admits the allegations in paragraph 24.

25. Ms. Coleman admits the allegations in paragraph 25.

26. Ms. Coleman denies the allegations in paragraph 26. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

27. Ms. Coleman denies the allegations in paragraph 27. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

28. Ms. Coleman admits the allegations in paragraph 28.

29. Ms. Coleman denies the allegations in paragraph 29. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

30. The document speaks for itself.

31. Ms. Coleman denies the allegations in paragraph 31. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

32. Ms. Coleman denies the allegations in paragraph 32. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.

33. Ms. Coleman denies the allegations in paragraph 33. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
34. Ms. Coleman denies the allegations in paragraph 34. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
35. Ms. Coleman denies the allegations in paragraph 35. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
36. Ms. Coleman denies the allegations in paragraph 36. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
37. Ms. Coleman denies the allegations in paragraph 37. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
38. Ms. Coleman denies the allegations in paragraph 38. Further, after reasonable investigation, Answering Defendant is without sufficient information to form a belief as to the truth of the allegations contained in this paragraph and accordingly, same are denied. Strict proof thereof will be demanded at the time of trial.
39. Ms. Coleman admits the allegations in paragraph 39.

FIRST AFFIRMATIVE DEFENSE

40. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-

Purpose Change form dated July 18, 2019 as Andrew J. Ford, Jr., (“Insured”), was subject to undue influence, duress, constraints and incapacity, at the time he allegedly signed the form dated July 18, 2019, which was one day before his death.

SECOND AFFIRMATIVE DEFENSE

41. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-Purpose Change form dated July 18, 2019 as the signature on the form is not that of the Insured.

THIRD AFFIRMATIVE DEFENSE

42. Plaintiff is bound to release the finds to Dolores Ford Coleman a.k.a Dolores R. Ford, as she is the sole and rightful beneficiary as written in the designation form dated July 27, 1999.

FOURTH AFFIRMATIVE DEFENSE

43. Plaintiff is bound not to release the funds to the beneficiaries under the Multi-Purpose Change form dated July 18, 2019 due to mistake. Ms. Coleman may introduce evidence of mistake regarding the change form which the insured purportedly signed.

FIFTH AFFIRMATIVE DEFENSE

44. Plaintiff is not entitled to attorney’s fees or costs. Plaintiff had a duty under the terms of the policy to determine the proper beneficiary under the policy, however, instead of doing so seeks a determination by this Court. Plaintiff is not entitled to shift the cost of making that determination onto Ms. Coleman by seeking attorney’s fees or costs in this action.

CROSS-CLAIMS

COMES NOW Cross-Plaintiff/Defendant Dolores Ford Coleman, (“Ms. Coleman”), and for her Cross-Claims against Cross-Defendants Ford Memorial Temple, Inc., (“Ford Memorial”), Next Generation Fellowship Ministries, Inc., (“Next Generation”), Turay Memorial Funeral Chapel, Inc., (“Turay”), Syreeta

Lawrence, Drew Smith, Shanelle Ford, Andrew J. Ford, III, Britney Ford and North Carolina Mutual Financial, LLC, ("NCMF"), as follows:

Ms. Coleman incorporates herein her Answers to the Interpleader Complaint, her Affirmative Defenses as if restated in full and also asserts the following Cross-Claims:

Jurisdiction, Parties and Venue

45. This Cross-Claim arises out of the Interpleader Complaint of Primerica Life Insurance Company, ("Primerica"), and is properly before the Court by virtue of the Court's pendent jurisdiction under 28 U.S.C. 1332 and 1335.
46. Ms. Coleman is a citizen of the State of New Jersey and is the named beneficiary of a life insurance policy which is subject to this litigation.
47. Plaintiff, Primerica is a Tennessee corporation for purposes of 28 U.S.C. 1332.
48. Cross-Defendants, Ford Memorial, Next Generation, Turay, Syreeta Lawrence, Drew Smith, Shanelle Ford, Andrew J. Ford, III, Britney Ford are all citizens of Pennsylvania for purposes of 28 U.S.C. 1332 and 1335.

Factual Background

49. Ms. Coleman is the sister of Andrew J. Ford, Jr., the insured and sole beneficiary of the Primerica Life insurance Policy No. 0432007528 as stated in Section 6 dated July 27, 1999. (See Exhibit "A" Plaintiff's Complaint).
50. Upon information and belief the insured was suffering from cancer as well as other complications prior to his death which required him to undergo medical treatment and hospitalization.
51. Prior to his death the insured was hospitalized at Cooper Hospital in Camden, New Jersey.
52. Upon information and belief the insured was undergoing various treatments for cancer and was taking pain medications before and during the course of his hospital stay.

53. Upon information and belief family members and friends visited the insured within a week of his passing.
54. During visits with family and friends the insured would intermittently lose consciousness.
55. Regularly present in the insured's hospital room was Cheryl Whitt ("Whitt"), a long time companion of the insured and employee/administrator of Ford Memorial.
56. Upon information and belief E. Malone Porterfield, ("Porterfield"), was present at various times in the insured's hospital room.
57. Whitt and Porterfield were employed by Ford Memorial and Next Generation and maintained administrative authority for said entities.
58. On July 18, 2019, one day before the insured's death, Syreeta Lawrence, the daughter of the insured, was asked by Whitt, to sign as a "witness" a particular "form" in the insured's hospital room. (See attached Exhibit "B" of Plaintiff's Complaint).
59. Upon information and belief, both Whitt and Porterfield were acting in the interest of or as representatives, agents or employees of Ford Memorial, Next Generation and Turay respectively.
60. Upon information and belief, both Whitt and Porterfield would benefit, directly or indirectly from the proceeds of the Primerica Life Insurance policy under the terms of the Multi-Purpose Change form dated July 18, 2019.
61. Upon information and belief Whitt attempted to and may have improperly become an officer of Ford Memorial Temple after the death of the insured. (See attached Cross-Claimant's Exhibit "A").
62. Upon information and belief Syreeta Lawrence was told by Whitt that the form dated July 18, 2019 was related to the payment of medical bills for the insured and that she must sign as this was for the benefit of her father.
63. Upon information and belief, Syreeta Lawrence did not knowingly sign as a

“witness” the Multi-Purpose Change form dated July 18, 2019.

64. Upon information and belief the form was signed one (1) day prior to the insured’s death.
65. Upon information and belief the insured did not knowingly sign the Multi-Purpose Change form.
66. Upon information and belief the signature on the Multi-Purpose Change form dated July 18, 2019 was not that of the insured.
67. Upon information and belief the insured was not the individual who signed the Multi-Purpose Change form dated July 18, 2019.
68. Upon information and belief one (1) day before his death, the insured had a weakened intellect and lacked the capacity to understand the legal significance and ramifications of signing the Multi-Purpose Change form on July 18, 2019.
69. The insured died on July 19, 2019 as a result of acute renal failure and cancer of the bile duct, (See attached Cross-Claimant’s Exhibit “B”).
70. In late July 2019, after the insured died, Porterfield visited with members of the insured family.
71. The visit by E. Malone Porterfield was at the decedent’s home in Cherry Hill, New Jersey.
72. Present at this meeting were members of the Ford family.
73. At this meeting, Porterfield brought a handwritten list of names that were purportedly named beneficiaries designated by the insured.
74. The names were presented by E. Malone Porterfield to Steven Ford, brother of the insured.
75. The names written on the list were similar to the names stated on the Multi-Purpose Change form dated July 18, 2019, but also included the names of Cheryl Whitt, E. Malone Porterfield, Rodney Harrison, Bernard Lambert and Tiffany Bligen.
76. Porterfield’s presentation of a list of purported beneficiaries was a clear attempt

to manipulate the Ford family and Primerica.

77. On or about August 25, 2019, Ms. Coleman submitted a claimant's statement to Primerica Life Insurance Company seeking payment under the terms of the policy numbered 0432007528. (See attached Exhibit "F" of Plaintiff's Complaint).
78. On or about August 28, 2019, Cheryl Whitt on behalf of Ford Memorial submitted a claimant's statement to Primerica Life Insurance Company seeking payment under the terms of the policy numbered 0432007528. (See attached Exhibit "G" of Plaintiff's Complaint).

CROSS-CLAIM COUNT I.

**CROSS-CLAIM FOR DECLARATORY JUDGMENT THAT DEFENDANT
DOLORES FORD COLEMAN IS ENTITLED TO THE PROCEEDS OF THE
PRIMERICA LIFE INSURANCE POLICY
AGAINST DEFENDANTS FORD MEMORIAL TEMPLE, INC., NEXT
GENERATION FELLOWSHIP MINISTRIES, INC., TURAY MEMORIAL
FUNERAL CHAPEL, INC., SYREETA LAWRENCE, DREW SMITH,
SHANELLE FORD, ANDREW J. FORD, III, BRITNEY FORD AND NORTH
CAROLINA MUTUAL FINANCIAL, LLC**

79. Ms. Coleman is the sister of the insured and sole beneficiary of Primerica Life Insurance Policy No. 0432007528 as stated in Section 6 dated July 27, 1999. (See Exhibit "A" Plaintiff's Complaint).
80. The life insurance policy provides for payment to Ms. Coleman in the amount of Three Hundred Thousand Dollars (\$300,000.00).
81. The insured died on July 19, 2019.
82. As the sole designated beneficiary, Ms. Coleman is entitled to the full proceeds of the policy.

WHEREFORE, cross-claimant prays for the following relief:

- A. Declare that Ms. Coleman a.k.a. Dolores R. Ford is the sole beneficiary under the Primerica Policy No. known as No. 0432007528.

B. Order Primerica Life Insurance Company to pay Ms. Coleman the full amount of the policy along with interest, counsel fees and costs.

C. Award such other relief as the Court deems equitable.

**CROSS-CLAIM COUNT II
CROSS-CLAIM FOR UNDUE INFLUENCE, FRAUD, DURESS, MISTAKE,
CONSTRAINTS AND INCAPACITY, AGAINST DEFENDANTS FORD
MEMORIAL TEMPLE, INC., NEXT GENERATION FELLOWSHIP
MINISTRIES, INC., TURAY MEMORIAL FUNERAL CHAPEL, INC.,
SYREETA LAWRENCE, DREW SMITH, SHANELLE FORD, ANDREW J.
FORD, III, BRITNEY FORD AND NORTH CAROLINA MUTUAL
FINANCIAL, LLC**

83. Cross-Defendants, Ford Memorial, Next Generation and Turay, by and through their agents, representatives, employees or administrators, were in a confidential relationship with the insured, Andrew J. Ford, Jr. at the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, which purported to name Cross-Defendants as his beneficiaries one day prior to the insured's death.

84. Cross Defendants, Ford Memorial, Next Generation and Turay by way of their agents, representatives, employees or administrators, were dominant parties over the insured at the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, which purported to name said Cross-Defendants as his beneficiaries one day before the insured's death.

85. Cross-Defendants, Ford Memorial, Next Generation and Turay, by and through their agents, representatives, employees or administrators, had controlling and overpowering influence over the insured at the time the insured signed the Multi-Purpose Change form which purported to name said Cross-Defendants as his beneficiaries one day before the insured's death.

86. At the time the insured allegedly signed the Multi-Purpose Change form the

insured suffered from a weakened intellect caused by cancer, treatment for the cancer as well as the effects of pain and other medications.

87. At the time the insured allegedly signed the Multi-Purpose Change form his mental capacity and intellect was so weakened by the cancer and the effects of the pain medication that he could not have understood the ramifications of his alleged actions.

88. At the time the insured allegedly signed the Multi-Purpose Change form he was mistaken and/or misled as to what document he was allegedly signing.

89. At the time the insured allegedly signed the Multi-Purpose Change form dated July 18, 2019, the insured was acting under undue influence, duress and constraint.

90. The undue influence of Cross-Defendants, Ford Memorial, Next Generation and Turay by and through Whitt and Porterfield restrained and/or prevented the insured from following his intended desire to have the proceeds of the policy distributed to Ms. Coleman and instead substituted the wishes of said Cross-Defendants.

91. Because of Cheryl Whitt's position as confidant to the insured as well as the administrator for Ford Temple, she was in a unique position to influence, dominate, control and orchestrate the signing of the Multi-Purpose Change form dated July 18, 2019.

92. The signature on the Multi-Purpose Change form dated July 18, 2019 was not the signature of the insured Andrew J. Ford, Jr.

93. The document presented by Cross Defendants dated July 18, 2019, purports to show the signature of the insured, however, the signature is not that of the insured.

94. The Cross-Defendants, in particular Cheryl Whitt, knew that it was a false signature and/or that it was signed under duress or false pretenses and knowingly submitted the

form to Primerica thereby attempting to induce the Plaintiff to make payment under the terms of the policy.

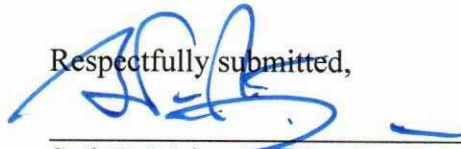
95. In addition, Whitt's misrepresentation of the contents of the form induced Syreeta Lawrence into signing as a witness.

96. The submission of the Multi-Purpose Change form submitted by Cross-Defendant Ford Memorial was a material factual misrepresentation; (2) made with knowledge or belief of its falsity; (3) with the intention that Primerica and/or Syreeta Lawrence relied thereon; (4) resulting in justifiable reliance to that party or parties to their detriment and is therefore a fraudulent representation.

WHEREFORE, cross-claimant prays for the following relief:

- A. Order that the designation of Beneficiary form dated July 18, 2019 is void.
- B. Order a rescission of the designation of Beneficiary form dated July 18, 2019.
- C. Order that Dolores Ford Coleman, a.k.a. Delores R. Ford be paid the full amount of the Primerica Insurance Policy along with interest.
- D. Award costs, counsel fees and punitive damages against cross-defendants in an amount sufficient to deter similar conduct;
- E. Award such other relief as the Court deems equitable.

Respectfully submitted,



Seth P. Maltzman, Esquire (PA ID 51636)
Attorney for Defendant, Dolores Ford Coleman
401 East City Avenue, Suite 222
Bala Cynwyd, PA 19004
P. (610) 664-2022
F. (610) 667-3660
sethmaltzman@gmail.com

Dated: January 13, 2020

EXHIBIT “A”

Executive Offices: 3120 Peachtree Blvd., Duluth, Ga. 30082-0001

Application For Life Insurance



1. PROPOSER - PRIMARY INSURED

Print Name: F. P. R. D. JR ANDREW

Social Security Number: [REDACTED] Date of Birth: [REDACTED] Nearest Age: [REDACTED]

Married ☒ Single ☐ Male ☒ Female ☐ Driver's License No./State: [REDACTED]

Day Telephone No.: [REDACTED] Night Telephone No.: [REDACTED]

Birthplace - State: PA Country: USA

2. RESIDENCE ADDRESS

Street: 4031 GERMANTOWN AVE Apt. Number: [REDACTED]

City, State, Zip Code: Phila PA 19140 Yrs. at Address: [REDACTED]

3. BUSINESS INFORMATION

Insured's Occupation: CLERGY Gross Monthly Earnings: 500.00

Employer Name: FORD MEMORIAL TEMPLE Time Employed: Yrs. 07 M. [REDACTED]

Business Address: Same

City, State, Zip Code: [REDACTED]

4. LIFE INSURANCE PLAN & AMOUNTS - ENTER APPROPRIATE DATA.

Primary Insured		Primary Rider		Spouse Rider	
<input type="checkbox"/> Preferred	<input checked="" type="checkbox"/> Non-Tobacco	<input type="checkbox"/> Preferred	<input type="checkbox"/> Non-Tobacco	<input type="checkbox"/> Preferred	<input type="checkbox"/> Non-Tobacco
<input type="checkbox"/> Term 10	\$ <u>0.00</u>	<input type="checkbox"/> Term 10	\$ <u>0.00</u>	<input type="checkbox"/> Term 10	\$ <u>0.00</u>
<input checked="" type="checkbox"/> Term 20	\$ <u>500,000.00</u>	<input type="checkbox"/> Term 15	\$ <u>0.00</u>	<input type="checkbox"/> Term 15	\$ <u>0.00</u>
<input type="checkbox"/> T 25 Mod	\$ <u>0.00</u>	<input type="checkbox"/> Term 20	\$ <u>0.00</u>	<input type="checkbox"/> Term 20	\$ <u>0.00</u>
<input type="checkbox"/> T 25 Level	\$ <u>0.00</u>	<input type="checkbox"/> T 25 Level	\$ <u>0.00</u>	<input type="checkbox"/> T 25 Level	\$ <u>0.00</u>
<input type="checkbox"/> Other	\$ <u>0.00</u>	<input type="checkbox"/> Other	\$ <u>0.00</u>	<input type="checkbox"/> Other	\$ <u>0.00</u>
<input checked="" type="checkbox"/> Waiver of Premiums Not Available After Age 55.		Increasing Benefit Rider <input type="checkbox"/> 5% <input type="checkbox"/> 10% Not Available After Age 55		Child Rider Units: <u>[REDACTED]</u> (Minimum 25 Units)	

5. REPLACEMENT

Has or will any existing individual Life Insurance or Annuities be replaced or changed (i.e., lapse, convert to a non-lapse option, reduce or otherwise terminate)? ☐ Yes ☒ No If yes, replacement MUST be indicated on Page 4 of the application, "Existing Insurance"

Amount With Application

\$ 114583

APP0432007523

PLA-60 PA

I. Owner (If Other Than Primary Insured)
 Print Name: _____ Last _____ First _____
 Social Security Number: _____ Relationship to Insured: _____
 Day Telephone No.: _____ Night Telephone No.: _____
 Address: _____
 City, State, Zip Code: _____
 Is the Individual Owner dies, who is to own Policy? _____ Relationship w/ Insured: _____

Each signer of this application hereby declares that the foregoing statements and answers, as and complete to the best of my/our knowledge and belief. It is also agreed as follows: (1) that in any continuation hereof, shall be part of the application and shall form the basis of any contract provided in the "Conditional Premium Receipt" the insurance hereunder applied for shall not be the policy is issued and delivered to the Owner while the health, habits and occupation of it application; (3) that if the Company should issue a Policy different from that applied for, if application; such amendment shall be in writing and signed by the Proposed Insured and Ow such amendment must be received by the Company before the Policy can become effective; after (4) no agent or the Company nor any broker is authorized to make or modify contracts or waive any of the Company's rights or requirements. It is further understood and agreed that: (1) issuance of any Policy pursuant to this application and any application supplements is made in consideration of payment of the proper premium amount for the correct premium class of each person insured; (2) our determination of the premium class relies on true and complete answers to the questions in this application and any application supplements, including SPECIFICALLY any questions regarding tobacco use; and (3) if within 2 years of the Policy Date should said answers be determined to be materially misstated, the Policy is subject to be rendered void in accordance with applicable law. I/We hereby acknowledge that I/We have read and I/We understand the terms of this Application Agreement, as evidenced by my/our signature below. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or consents for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIG0432007528



CONDITIONAL PREMIUM RECEIPT

I/We understand and agree that no insurance will be in effect before a Policy is issued and delivered unless all of the Conditions below are met. If all Conditions are met and my/our death occurs before the delivery date of the Policy, then there shall be coverage, but only in accordance with the provisions of the Receipt and any Policy provisions not in conflict with it.

CONDITIONS FOR COVERAGE: 1) All information given by me/us in the application must be true and complete to the best of my/our knowledge and belief; 2) The Company must find the person(s) to be insured to be (a) standard risk(s) for the Policy applied for according to the Company's underwriting rules; 3) All tests requested by the Company concerning my/our insurability must have been received by the Company. Such tests may include, but are not limited to, medical examinations, saliva, blood and/or urine studies, attending physicians statements (AP6) and electrocardiograms (ECG); 4) At least one month's premium for the Policy applied for must be paid with the application, but not to exceed the amount of premium required for \$200,000 of coverage per insured life.

EFFECTIVE DATE OF COVERAGE: Any coverage under this Receipt will become effective on the latest of the following: 1) Application Date; 2) Receipt of results of all test and exams required by the Company in connection with the Application; 3) Date the Company receives all other information requested.

LIMITS OF COVERAGE: The amount applied for and for which premium has been paid, but not to exceed \$500,000 of coverage per insured life applied for under this Application.

I/We hereby acknowledge that I/We have read and I/We understand the conditional coverage under this receipt and as evidenced by my/our signature below, understanding these conditions cannot be changed by any agent of the Company.

Dated at: Atlanta, GA City & State

X _____ Signature of Owner (if other than Proposed Primary Insured)

X _____ Signature of Proposed Primary Insured (or Parent of Minor Child)

X _____ Signature of Children over the age of 18 (if to be insured)

X _____ Signature of Spouse (if to be insured)

UNDERWRITING AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

PRIMERICA LIFE INSURANCE COMPANY, Executive Office: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical related facility, Veterans' Administration or government facility, insurance company, the Medical Information Bureau or other organization, institution or person having any records or knowledge about me to provide to Primerica Life Insurance Company, and its reinsurers any such medical or personal information, and to testify as to such information, all to the extent permitted by law. As part of the Company's regular underwriting procedure, an investigative consumer report may be obtained which will contain personal information concerning an individual's character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. This information may be obtained through personal interviews with my neighbors, friends, associates and acquaintances. Medical information includes the diagnosis, treatment and prognosis with respect to any physical or mental condition, as well as the use of drugs or alcohol. Although the Company maintains confidentiality of information obtained, the Company may disclose information to the MIB, and in certain circumstances be required by a law enforcement or governmental agency to furnish information to others without my prior authorization. In the event that a report is obtained, I understand that I may request to be interviewed in connection with the preparation of the report. Upon written request to the Company at the address listed above, further detailed information on the nature and scope of the report will be provided. I understand that the information obtained by use of this Authorization will be to determine eligibility for insurance. I know that I or my legal representative may request to receive a copy of this Authorization. A photographic copy of this Authorization shall be as valid as the original and will be valid for two and one half (2-1/2) years from the date this Application was signed. Because our affiliates may be able to offer other valuable products and services that you may need, Primerica Life Insurance Company may share (unless you check the box(es) below) information we have received in connection with your application, including information from any consumer reports. Check the following box(es) if you do not want information shared with our affiliates. ☐ Proposed primary insured ☐ Proposed spouse insured, if any.

Date: 7/27/99

Print Name of the Proposed Primary Insured (or Parent of Minor Child) _____

Print Name of Spouse (if to be insured) _____

X _____ Signature of Proposed Primary Insured (or Parent of Minor Child)

X _____ Signature of Spouse (if to be insured)

EXHIBIT “B”



PRIMERICA

Primerica Life Insurance Company
 Executive Office: 1 Primerica Parkway
 Duluth, Georgia 30099-0001
 1-800-257-4725 • Personal RVP Line 1-800-737-5596
 Access your policy at myprimerica.com.

MULTIPURPOSE CHANGE FORM

All needed signature must be completed on the reverse side of this document.

POLICY OWNER ADDRESS CHANGE

Andrew J. FORD JR.
 Policy Owner
 4031-37 Germantown ave
 New Address
 Philadelphia

0432007528
 Policy Number

PA 19140
 State ZIP Code

Day Phone Number Home Work Other

Evening Phone Number Home Work Other

NAME CHANGE

Use only when current policy owner or insured(s) has legally changed his/her name.

Policy Owner Primary Insured Insured Spouse Other Insured Child
 Prior Name (First, Middle, Last)
 New Name (First, Middle, Last)
 Reason for Change (Marriage, Court Order, etc.)

TRANSFER OWNERSHIP

I, _____, the owner of Policy # _____ Issued on the life of

 transfer ownership of said Policy, along with all rights, title and interest in said Policy to:

New Owner (First, Middle, Last)

NEW OWNER MUST COMPLETE THE FOLLOWING

Date of Birth Social Security Number Relationship to Insured
 Day Phone Number Home Work Other Evening Phone Number Home Work Other
 Address
 City State ZIP Code

OVER

Policy # 0432007528

CHANGE BENEFICIARY

If a group is named as beneficiary, you must name each individual of this group.

IF A MINOR (below the age of 18) IS LISTED BELOW, PLEASE UNDERSTAND THAT A FINANCIAL GUARDIANSHIP FOR THE MINOR'S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

PRINCIPAL BENEFICIARY Principal Beneficiaries in equal shares to the survivor(s), unless otherwise directed under percentage/amt. column.

1.	Name (First, Middle, Last) FORD Memorial Temple	Social Security Number	Percentage or Amount \$25,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 4031 Germantown Ave, Phila, PA 19140
2.	Name (First, Middle, Last) Nix Generation Fellowship	Social Security Number	Percentage or Amount 10,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 4031 Germantown Ave, Phila, PA 19140
3.	Name (First, Middle, Last) Turay Funeral Home	Social Security Number	Percentage or Amount \$50,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 2537 N. 2nd St, Phila, PA 19132
4.	Name (First, Middle, Last) Syretta Lawrence	Social Security Number	Percentage or Amount \$5,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

CONTINGENT BENEFICIARY Contingent Beneficiaries in equal shares to the survivor(s), unless otherwise directed under percentage/amt. column.

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP
2.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

SPOUSE RIDER BENEFICIARY

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

SPOUSE CONTINGENT BENEFICIARY

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

OTHER MISCELLANEOUS CHANGES

Drew Smith (\$5,000) Five Thousand
Shanelle Ford (\$5,000) Five Thousand
Andrew J. Ford III (\$5,000) Five Thousand
Britney Ford (\$5,000) Five Thousand

AUTHORIZATION FOR CHANGES Signature of Current Policy Owner N/A Date 7-18-19 Signature of New Policy Owner, if applicable _____ Date _____ Signature of Irrevocable Beneficiary, if any _____ Date _____		Signature of Primary Insured N/A Date _____ Signature of Spouse Insured _____ Date _____ Signature of Witness or Agent & Solicitor if _____ Date 7/18/19	
---	--	--	--

EXHIBIT “F”

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30099-0001

FOR ASSISTANCE
CALL TOLL-FREE
1-888-893-9988**CLAIMANT'S STATEMENT**

0432007528

*Please Attach a Certified Death Certificate**Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*1. Deceased's Name in Full Andrew James Ford, Jr.2. Policy Numbers #04320075283. Deceased's Birth Date [REDACTED] Source from which Birth Date Obtained Family Record
Birth Certificate, Family Record, Other Record4. Residence of Deceased at Death 13 Woodbury Drive Cherry Hill NT 08003
Street Address City State Zip5. Date of Death 7-19-2019 Place of Death Cooper Hospital University Medical Center6. Cause of Death [REDACTED] 7. Your relationship to the Deceased Sister8. Employer of Deceased Ford Memorial Temple, Inc. Deceased's Occupation Pastor

9. If deceased has insurance with other companies, list names of companies and amounts below:

Names of Companies	Amounts
<u>N/A</u>	

10. Marital Status of Deceased Widowed Spouse's Name DeceasedChildren of Deceased Andrew James Ford, III
Syberta Ford-Lawrence, Shanelle Ford Spouse's Address _____*The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.*The Claimant Information on the reverse side *must* be filled out completely in order to avoid any delay.

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name:

DOLores RENEE FORD

Date of Birth:

Social Security No. or Tax Id.:

Individual - Claimant's Social Security Number • Estate Tax Id Number
Guardian - Child's Social Security Number • Trust Tax Id Number

Permanent Address:

13 Woodbury Drive
Cherry Hill NJ 08003

Mailing Address:

(If different than above)

Home Phone:

Work Phone:

Cell Phone:

Please select your method of payment by marking the appropriate box below:

☐ Primerica Estate Account ☒ Check ☐ Settlement Option # _____ (Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

I certify that all answers on this form are correct and true.

Signature of Claimant x

Dolores R. Ford
(See "Important Reminders" on Page 1, "Claims Instructions")

Subscribed and sworn to before me this

25

Day of

August

Signature of Notary Public x

Alex Salas
Notary Public - State of New Jersey
My Commission Expires Mar 31, 2022

EXHIBIT “G”

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30099-0001

FOR ASSISTANCE
CALL TOLL-FREE
1-888-893-9858**CLAIMANT'S STATEMENT**

0432007528

*Please Attach a Certified Death Certificate**Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*

1. Deceased's Name in Full Andrew J. Ford Jr.
2. Policy Numbers 0432007528
3. Deceased's Birth Date [REDACTED] Source from which Birth Date Obtained drivers license
Birth Certificate, Family Record, Other Record
4. Residence of Deceased at Death 13 Woodbury Court Cherry Hill, NJ
Street Address City State Zip
5. Date of Death 7/19/19 Place of Death Camden, NJ
6. Cause of Death [REDACTED] 7. Your relationship to the Deceased Employee
8. Employer of Deceased Ford Memorial Temple Deceased's Occupation Pastor
9. If deceased has insurance with other companies, list names of companies and amounts below:
- | Names of | Amounts |
|------------|------------|
| <u>N/a</u> | <u>N/a</u> |
10. Marital Status of Deceased Widower Spouse's Name Jean Ford
- Children of Deceased Shanelle Ford Spouse's Address Andrew J Ford III; Syretta Lawrence

The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

The Claimant Information on the reverse side *must* be filled out completely in order to avoid any delay.

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name: FORD Memorial Temple

Date of Birth: _____ Social Security No. or Tax Id.: _____

• Individual - Claimant's Social Security Number • Estate Tax Id Number
• Guardian - Child's Social Security Number • Trust Tax Id Number

Permanent Address: 4031 Germantown Ave

(Number, Street, and Apt. or Suite no. - Do not use a P.O. Box or in-care-of address)

PhiladelphiaPA19140

City

State

Zip Code

Mailing Address:

(If different than above)

Same as above

City

State

Zip Code

Home Phone: () _____

Area Code Phone Number

Work Phone: _____

Cell Phone: () _____

Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

☐ Primerica Estate Account☒ Check☐ Settlement Option # _____

(Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

I certify that all answers on this form are correct and true.

Signature of Claimant x

Cheryl Foster

(See "Important Reminders" on Page 1, "Claim Instructions")

Subscribed and sworn to before me this 28th

Day of

August, 20 19

Signature of Notary Public x

S. Foster

Notary Seal
Commonwealth of Pennsylvania - Notary Public
Sharloma Foster, Notary Public
Philadelphia County
My commission expires December 31, 2022
Commission number 1343987

SEP 03 2019

Cross-Claimant's Exhibit A

Entity# : 2868458
 Date Filed : 07/19/2019
 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
 Annual Statement-Nonprofit Corporation
 (15 Pa.C.S. § 5110)

Document will be returned to the
 filer at the address you enter to
 the left.

Name April Everett	State PA	Zip Code 19406
Address [REDACTED]	City King of Prussia	

Fee: \$0.00

In compliance with the requirements of 15 Pa.C.S. § 5110 (relating to annual report), the undersigned domestic or qualified foreign nonprofit corporation, hereby states that:

1. The name of the corporation is:
 FORD MEMORIAL TEMPLE, INC.

2. The address of its principal office is:
 4831-4837 Germantown Ave Philadelphia PA 19140 Philadelphia
 Number and street City State Zip County

3. The names and title of the persons who are its principal officers are:

Names	Titles
Andrew Ford	President
Cheryl Whit	Secretary
Patricia Roman	Treasurer

IN TESTIMONY WHEREOF, the undersigned corporation has caused this Annual Statement to be signed by a duly authorized officer thereof this
 19 day of July, 2019.

FORD MEMORIAL TEMPLE, INC.	Patricia Roman
Name of Corporation	Signature
	Treasurer
	Title

PENN Filed July 19, 2019


PENNSYLVANIA
Department of State
Corporations
[Corporations](#) | [Forms](#) | [Contact Corporations](#) | [Business Services](#)

Search
 By Business Name
 By Business Entity ID
 Verify
 Verify Certification

**Business Entity Filing
 History**

Date: 2/8/2007

 (Select the link above to view the
 Business Entity's Filing History)

Business Name History

Name	Name Type
FORD MEMORIAL TEMPLE, INC.	Current Name

Non-Profit (Non Stock) - Domestic - Information

Entity Number:	2866458
Status:	Active
Entity Creation Date:	3/15/1999 10:33:51 AM
State of Business.:	PA
Principal Office Address:	% ANDREW J FORD JR 4031-37 GERMANTOWN AVE PHILADELPHIA PA 19140-0
Mailing Address:	No Address

Officers

Name:	ANDREW J FORD JR
Title:	President
Address:	4031-37 GERMANTOWN AVE PO BOX 9760 PHILADELPHIA PA 19140-0

Name:	DOLORES R COLEMAN
Title:	Secretary
Address:	4031-37 GERMANTOWN AVE PO BOX 9760 PHILADELPHIA PA 19140-0

Name:	PATRICIA A ROMAN
Title:	Treasurer
Address:	4031-37 GERMANTOWN AVE PO BOX 9760 PHILADELPHIA PA 19140-0

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Cross-Claimant's Exhibit B

STATE OF NEW JERSEY

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

R0000110185

STATE FILE NUMBER

20190041645

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Andrew James Ford, Jr.				LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)				
2. Sex Male	3. Social Security Number XXXXXXXXXX	4a. Age 88 Years	5. Date of Birth (Mo/Day/Yr) XXXXXXXXXX	
6. Birthplace (City & State/Foreign Country) Philadelphia, Pennsylvania				
7a. Residence-State New Jersey	7b. County Camden	7c. Municipality/City Cherry Hill Township		
7d. Street and Number 13 Woodbury Drive	7e. Apt No.	7f. Zip Code 08003	7g. Inside City Limits? Yes	
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War:		8c. War Service Dates (From/To):	
9. Domestic Status at Time of Death Widowed		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Andrew Ford				
12. Mother's Name Prior to First Marriage (First, Middle, Last) Elrita Coaxum				
13a. Name of Informant Syreeta Lawrence			13b. Relationship to Decedent Daughter	
13c. Mailing Address (Street and Number, City, State, Zip Code) 6261 Merschon Street, Philadelphia, PA 19149				
14. Method of Disposition Burial	15. Place of Disposition (name of cemetery, crematory, other) Ivy Hill Cemetery		16. Location- City & State/Foreign Country Philadelphia, Pennsylvania United States	
17. Name and Complete Address of Funeral Facility Turkey Memorial Funeral Chapel, Inc., 2534 N. 22nd Street, Philadelphia PA 19132				
18. Electronic Signature of Funeral Director Pamela M Dabney			19. NJ License Number 23JP00412500	
20. Decedent Education Associate degree (AA, AS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race Black or African American
23. Occupation of Decedent (Type of work done most of life, even if retired) Pastor		24. Kind of Business/Industry Religion		
25. Name and Address of Last Employer Ford Memorial Temple, 4031 Germantown Ave, Philadelphia, PA 19140				
26. Date Pronounced Dead (Mo/Day/Yr) 07/19/2019		28. Name of Person Pronouncing Death Sunil Ramaswamy		
27. Time Pronounced Dead (24-hr) 1217	29. License Number 25MA10595400		30. Date Signed (Mo/Day/Yr) 07/19/2019	
31. Date of Death (Mo/Day/Yr) 07/19/2019	32. Time of Death (24-hr) 1217	33. Was Medical Examiner Contacted? No		34. Place of Death Hospital: Inpatient
35a. Facility Name (If not institution, give street and number) Cooper Hospital/University Medical Center				
35b. Municipality Camden City		35c. County Camden		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death; Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
Immediate Cause a. Stroke		Interval Between Onset and Death Few days		
Due to (or as a consequence of): b. Stroke		few days		
Due to (or as a consequence of): c. Stroke				
Due to (or as a consequence of): d. Stroke				
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. Diabetes, hypertension, hyperlipidemia, atherosclerosis			37. Was an Autopsy Performed? No	
			38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State	
44. Describe How Injury Occurred			45. If Transportation Injury:	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? Yes	48. Did Tobacco Use Contribute to Death? Unknown	49. If Female, Pregnancy State Not applicable	
50. Certifier Type Pronouncer and Certifier		51. Name, Address, and Zip Code of Certifier Sunil Ramaswamy 1 COOPER PLAZA Dorrance 222, Camden, NJ 08103		
52. Electronic Signature of Certifier Sunil Ramaswamy		53. License Number 25MA10595400	54. Date Certified (Mo/Day/Yr) 07/19/2019	
55. Electronic Signature of Local Registrar Jazmin Rodriguez		56. District No. V0417	57. Date Received 07/28/2019	Case ID Number 2105158

Record Contains Amendment
☐

DATE ISSUED: August 05, 2019

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

13c. Mailing Address (Street and Number, City, State, Zip Code) 6261 Merachon Street, Philadelphia, PA 19149			
14. Method of Disposition Burial		15. Place of Disposition (name of cemetery, crematory, other) Ivy Hill Cemetery	
16. Location- City & State/Foreign Country Philadelphia, Pennsylvania United States			
17. Name and Complete Address of Funeral Facility Tury Memorial Funeral Chapel, Inc., 2534 N. 22nd Street, Philadelphia PA 19132			
18. Electronic Signature of Funeral Director <i>Pamela M Dabney</i>			19. NJ License Number 23JP00412500
20. Decedent Education Associate degree (AA, AS)		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino	22. Decedent Race Black or African American
23. Occupation of Decedent (Type of work done most of life, even if retired) Pastor		24. Kind of Business/Industry Religion	
25. Name and Address of Last Employer Ford Memorial Temple, 4031 Germantown Ave, Philadelphia, PA 19140			
26. Date Pronounced Dead (Mo/Day/Yr) 07/19/2019		28. Name of Person Pronouncing Death <i>Sunil Ramaswamy</i>	
27. Time Pronounced Dead (24-hr) 1217	29. License Number 25MA10595400	30. Date Signed (Mo/Day/Yr) 07/19/2019	
31. Date of Death (Mo/Day/Yr) 07/19/2019	32. Time of Death (24-hr) 1217	33. Was Medical Examiner Contacted? No	34. Place of Death Hospital: Inpatient
35a. Facility Name (If not institution, give street and number) Cooper Hospital/University Medical Center			
35b. Municipality Camden City		35c. County Camden	
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.			
Immediate Cause a. <i>Acute myocardial infarction</i>		Interval Between Onset and Death Few days	
Due to (or as a consequence of): b. <i>Myocardial infarction</i>		few days	
Due to (or as a consequence of): c.			
Due to (or as a consequence of): d.			
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. <i>Diabetes mellitus, hypertension, atherosclerosis</i>		37. Was an Autopsy Performed? No	
		38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)	42. Injury at work?
43a. Location of Injury (Number and Street, Zip Code)	43b. Municipality	43c. County	43d. State
44. Describe How Injury Occurred		45. If Transportation Injury:	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? Yes	48. Did Tobacco Use Contribute to Death? Unknown	49. If Female, Pregnancy State Not applicable
50. Certifier Type Pronouncer and Certifier		51. Name, Address, and Zip Code of Certifier <i>Sunil Ramaswamy</i> 1 COOPER PLAZA Dorrance 222, Camden, NJ 08103	
52. Electronic Signature of Certifier <i>Sunil Ramaswamy</i>		53. License Number <i>25MA10595400</i>	54. Date Certified (Mo/Day/Yr) 07/19/2019
55. Electronic Signature of Local Registrar <i>Jazmin Rodriguez</i>		56. District No. V0417	57. Date Received 07/26/2019
		Case ID Number 2105158	

Record
Contains
Amendment

☐

DATE ISSUED: August 05, 2019

ISSUED BY:

Camden City, CITY HALL ROOM 103

Kelly Negron, Alternate Deputy Registrar

This is to certify that the above is correctly copied
from a record on file in my office.

Certified copy not valid unless the raised Great
Seal of the State of New Jersey or the seal of the
issuing municipality or county, is affixed hereon.

Vincent T. Arrisi
Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry

REG-42B
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

PRIMERICA LIFE INSURANCE COMPANY

Plaintiff,

DOLORES FORD COLEMAN,

Defendant, et al.

*
*
*
*
*
*
*

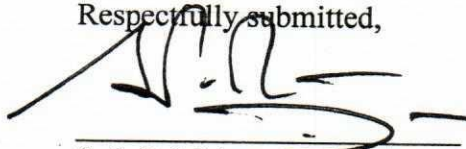
No. 19-5546

CERTIFICATE OF SERVICE

I, Seth P. Maltzman, Esquire, hereby certify that on the date stated below served the following parties the foregoing Answer with Affirmative Defenses by First Class Mail, postage prepaid:

Sean P. Mahoney, Esquire
White & Williams, LLP
1650 Market Street, Suite 1800
Philadelphia, PA 19103

Respectfully submitted,


Seth P. Maltzman, Esquire

Dated: _____

1/13/2020